VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-E)

Reg. Dist. No. 193

05528

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Howard

(b) City or town near Florence
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State md (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Evan Gaither

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Laivnia Gaither

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 1, 1857

8. AGE: Years 83 | Months 11 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Howard Co. md
(Town, county, and state)

10. Usual occupation labor

11. Industry or business

FATHER
12. Name Evan Gaither
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Laivnia Gaither
(b) Address woodbine md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1940 (month) (day) (year)

(c) Cemetery or crematory Poplar Spring Cem

Location Poplar Spring Howard Co.

18 (a) Funeral director H. M. Snyder

(b) Address Mt Airy md

19 (a) May 22-'40 (Date rec'd by registrar) (b) E. Pearl Newman Registrar

MEDICAL CERTIFICATION

20. Date of death May 21 1940 at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940, to May 21 1940, and that I last saw him alive on May 10 1940.

Immediate cause of death Chronic Myocarditis Chronic Nephritis

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C M Van Poole
M. D. or other

Address Mt Airy md Date signed 5-21-40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05529

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

City or town Highridge Near Laurel

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Highridge Near Laurel Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(e) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert E. Gibson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 1906

8. AGE:

Years	Months	Days	If less than one day
40	2	14	hrs. min.

9. Birthplace Howard Co Near Laurel (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Robert E Gibson

13. Birthplace Howard Co.

MOTHER 14. Maiden name Livenia Matthews

15. Birthplace Prince Georges Co

16. Informant Livenia Gibson

Address Laurel R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 20 1940 (month) (day) (year)

Cemetery or crematory Batons

Location Near Laurel

18. Funeral director Ridgley Selby

Address 401 Washington Laurel Md

19. 5/20/40 19 Frank Shipley

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/15 1940, to 5/18 1940, and that I last saw h-- alive on 5/16 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	?
Due to	1
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W B Gibson M. D. or other

Address Laurel Md Date signed 5/19/40

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JUN 5 1940
BUREAU V. S.

05530

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:

County Howard

City or town Rural - near Lisbon
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Rural near Lisbon
(If outside city or town limits, write RURAL and give nearest town)

Street No. R.D. Woodbine, Md
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Katherine C. Henderson

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband ~~or wife~~ James T. Henderson

6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) August 1, 1876

8. AGE: Years 63 | Months 9 | Days 20 | If less than one day ..... hrs. ..... min.

9. Birthplace Montgomery Co. Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Brice W. Howard
13. Birthplace Maryland.

MOTHER
14. Maiden name Katherine E. Orndorff.
15. Birthplace Maryland.

16. Informant Mr. James T. Henderson

Address R.D. Woodbine, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof May 24, 1940
(month) (day) (year)

Cemetery or crematory Oak Grove

Location Glenwood - Howard Co.

18. Funeral director C. M. Waltz

Address Winfield, Md.

19. May 23 1940
(Date rec'd by registrar)

E. Pearl Mercier
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7 1940, to May 21 1940 and that I last saw her alive on May 21 1940

Immediate cause of death Cacexia — DURATION 6 wks

Due to Carcinoma (origin not known) — ?

Due to Point of origin, unknown. C.W.G.R. Exploratory of abdomen did not reveal.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Metastasis in liver

Date of op. Mar. 1940

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Stanley Grabill
M. D. or ~~other~~

Address Mt Airy, Md Date signed 5/22/40

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-f)

CERTIFICATE OF DEATH

05531

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town nr. Florence
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) All his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town nr. Florence Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eugene Justice

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W	Widowed

6 (b) Name of husband or wife Helen S. Justice
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feby. 4, 1860

8. AGE:

Years	Months	Days	If less than one day
80	3	17	hrs. min.

9. Birthplace Howard Co., Md.
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name Mayton Duvall Justice
13. Birthplace Baltimore, Md.
MOTHER 14. Maiden name Nancy Shipley
15. Birthplace Frederick Co., Md.
16. Informant Mrs. Albert Duvall
Address R. D. Woodbine, Md.
17. burial Date thereof May 23, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Jennings Chapel
Location nr. Florence Md.
18. Funeral director Roy H. Barber
Address Laytonsville Md.
19. May 28 1940 E. Pearl Mercer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1937, to May 21 1940, and that I last saw him alive on May 19 1940.

Immediate cause of death	DURATION
Chronic Interstitial Nephritis	several years
Due to Hypertension	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur?
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. M. & M. M. Boyer
per G. M. Boyer
M. D. or other
Address Damascus, Md Date signed 5-22-40

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05532

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard Co.

City or town Elkridge Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Furnace Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Howard

City or town Elkridge Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Furnace Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Florence C. Roberts

3. (b) Social Security Number None

4. Sex F.

5. Color or race C

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Harry A. Roberts

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) April 10th 1879

8. AGE: Years 61 Months 1 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Charles Cummings

13. Birthplace Balto Md

MOTHER 14. Maiden name Jane Berry

15. Birthplace Harford Co. Md

16. Informant Harry A. Roberts

Address 610 N. Carrollton Ave Balto Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 23rd 1940 (month) (day) (year)

Cemetery or crematory Arbutus Cem.

Location Balto Co. Md

18. Funeral director Byron & Mamie W. Wright

Address 1218 Mc Elderry St. Balto Md

19. May 22 1940 (Date rec'd by registrar) Miss E. Reid Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1, 1940, to May 20 1940 and that I last saw h[illegible] alive on May 19 1940

Immediate cause of death Cardio Vascular Disease Cerebral Hypertension

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 7 mo

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis A. Johnson M.D. M. D. or other

Address 2329 Greenwood Date signed May 21 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MAY 23 1940
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05533

1. PLACE OF DEATH (46 B)

County HOWARD Registration Dist. No. 192

Village or City MARRIOTTSVILLE, No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME NICHOLAS BENJAMIN FRANKLIN SNOWDEN If U. S. Veteran, specify WAR

(a) Residence: No. MARRIOTTSVILLE St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ANNIE MAY SNOWDEN

6. DATE OF BIRTH (month, day, and year): APRIL 29, 1850

7. AGE: Years 90 | Months 0 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: FARMER
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: FARM
10. Date deceased last worked at this occupation (month and year): 1925
11. Total time (years) spent in this occupation: 50 +

12. BIRTHPLACE (city or town) (State or country): HIPSLEY'S MILLS (Daisy?) HOWARD Co. Md.

FATHER
13. NAME: SAMUEL SNOWDEN
14. BIRTHPLACE (city or town) (State or country): ?

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): ANNIE MAY SNOWDEN MARRIOTTSVILLE, MD.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethesda Cemty Date May 21, 1940

19. UNDERTAKER (Address): C. M. Waltz Winfield Md.

20. FILED May 21, 1940 Alice N. Hebb, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH MAY (Month) 18 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from MAY 7, 1940, to MAY 18, 1940

I last saw him alive on MAY 18, 1940; death is said to have occurred on the date stated above, at 11 50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Primary CANCER OF STOMACH: Duration: eighteen months. C.W.G.R.	
EPITHELIOMA of NECK and RIGHT HAND	1937

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob R. Jensen M. D.

(Address) Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 6 1940
BUREAU OF

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-L)

05534

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: Elkridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): ~
Stay in this community (yrs., or mos., or days): 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: ~ County: ~
City or town: ~ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: ~
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ~

3. (a) FULL NAME: Joan Elizabeth Sybert

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife: ~
6(c) If alive, give age: ~ years

7. Birth date of deceased (mo., day, yr.): Oct 31-1929

8. AGE:

Years	Months	Days	If less than one day
10	6	28	____hrs. ____min.

9. Birthplace: Bon Secours Hospital Baltimore Md
(Town, county, and state)
Residence of parents: Elliott City Md.

10. Usual occupation: School Girl

11. Industry or business: ~

FATHER
12. Name: Cornelius Ferdinand Sybert
13. Birthplace: Loretto, Pa.

MOTHER
14. Maiden name: Elizabeth Johanna Johnson
15. Birthplace: Atholton Md.

16. Informant: C. F. Sybert (father)
Address: Elkridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/31/40 (month) (day) (year)

Cemetery or crematory: St Augustine Cem
Location: Elkridge Howard Co Md

18. Funeral director: John Rowan & Son
Address: 904 Hollins St Balto Md

19. May 28 1940 (Date rec'd by registrar) Miss E. Bird Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1940, at 4 13 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1939, to May 28 1940, and that I last saw h alive on May 24 1940.

	DURATION
Immediate cause of death: Cerebral Embolus	
a right Hemiplegia	9 days
Due to: Acute (Vegetative) Endocarditis	7½ mos
Due to: Streptococcic Septicemia	7½ mos
Other conditions: Mitral Insufficiency	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ~
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ~ Date of: ~
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ~
Means of injury: ~ Injured at work?

23. SIGNATURE: B. B. Rumbaugh Jr. M. D. or other
Address: Elkridge Md Date signed 5/28/40

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JUN 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

05535

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard.
City or town Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Werner Ave
Stay in hospital or inst. (yrs., or mos., or days) 65
Stay in this community (yrs., or mos., or days) 65 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard.
City or town Ellicott City. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Werner Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Charles John Werner

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1861

8. AGE: Years 79 | Months 1 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Guys Baltimore Co. Maryland (Town, county, and state)

10. Usual occupation Stone Cutter

11. Industry or business Quarry

FATHER
12. Name Chas. J. Werner
13. Birthplace Germany

MOTHER
14. Maiden name Katherine Myers.
15. Birthplace Germany

16. Informant Miss Katherine Werner
Address Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 14, 1940 (month) (day) (year)
Cemetery or crematory St Johns Cem.
Location Ellicott City Maryland.

18. Funeral director Easton Sons
Address Ellicott City.

19. May 14 1940 (Date rec'd by registrar) John B. Loughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 9.45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1 1938, to 5-10 1940, and that I last saw him alive on 5-10 1940.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — DURATION: 2 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE George E. Burgtorf M.D.
M. D. or other
Address Ellicott City, Md. Date signed 5-13-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

05536

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: Glanwood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Howard
City or town: Glenwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John H.R.Wolfe

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife: Nannie M.Wolfe
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 17th, 1868

8. AGE: Years	Months	Days	If less than one day
71	11	21	hrs. min.

9. Birthplace: Howard Co.Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John H.R.Wolfe
13. Birthplace: Md.

MOTHER
14. Maiden name: Lavinia Dorsey
15. Birthplace: Md.

16. Informant: Mrs, Nannie M.Wolfe
Address: Sykesville, Md.

17. Burial (Burial, cremation, or removal) Date thereof: May 9 1940 (month) (day) (year)
Cemetery or crematory: Mt Calvary
Location: Nea - Glenwood. Md.

18. Funeral director: C.Harry Weer
Address: Sykesville, Md.

19. May 7 1940 (Date rec'd by registrar) E. Paul Mercer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6th, 1940 19 6-45 at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to May 6 1940
and that I last saw him alive on May 5, 1940

Immediate cause of death	DURATION
Cardiac Decompensation	3 mo
Due to Chr. Myocarditis	?
Due to Chr. Hypertension	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. Stanley Grabill M.D.
M. D. or other
Address: Mt Airy, Md Date signed 5/7/40

RECEIVED
JUN 3 1940
BUREAU V. S.